

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
TY REVIEW	Request	296 925	02/05/01 05-01-01

There shall be 22 original claims.

INDEX OF CLAIMS

..... Rejected	N Non-elected
..... Allowed	I Interference
..... Canceled	A Appeal
..... Restricted	O Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here